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Epidemiologic Notes and Reports

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Epidemiologic Notes and Reports**Genital Herpes Infection — United States, 1966-1979**

CDC has analyzed data on genital herpes infection collected by the National Disease and Therapeutic Index (NDTI).* This analysis supports the widely held contention that an epidemic of genital herpes infection occurred in the United States from 1966 to 1979—the most recent year for which data are available.

The estimated number and rate of consultations with physicians for genital herpes infection both increased markedly from 1966 to 1979 (Figure 1). The number of consultations for genital herpes infection increased from 29,560 in 1966 to 260,890 in 1979. The rate at which patients consulted fee-for-service office-based physicians for genital herpes infection increased almost 9-fold from 3.4/100,000 consultations in 1966 to 29.2/100,000 in 1979.

In contrast, the NDTI survey showed a less than 2-fold increase in the rate of consultations for oral herpes infection (comprised of conditions cited as herpes labialis and herpes stomatitis) and for ocular herpes infection (Figure 2). Three other codes used in the NDTI survey are herpes febris, herpes simplex, and herpes 'not otherwise stated.' The trend in the rates of these physician contacts is depicted in Figure 3.

The only other national data set available for estimating the number of consultations with U.S. private physicians for herpes infection is the National Ambulatory Medical Care Survey (NAMCS), a study conducted by the National Center for Health Statistics. NAMCS first used a separate code for genital herpes in 1979. The NAMCS-estimated number of consultations for all types of herpes infection increased from 838,000 in 1973 (earliest data available) to 937,000 in 1979 (latest data available), an 11.8% increase. For that same period (1973-1979), the NDTI data showed an increase in all types of herpes infection of 9.9%.

Reported by Venereal Disease Control Div, Center for Prevention Svcs, CDC.

Editorial Note: Social, demographic, and behavioral changes within the U.S. population during the 1970s have placed an increased proportion of that population at risk for sexually transmitted diseases such as genital herpes infection (1-4). The observed increase in rate and number of consultations for genital herpes infection supports the observations of gynecologists who have noted an increase in patient visits for genital herpes infection (5-7).

The increased incidence of genital herpes infection is particularly noteworthy for several reasons (4): clinical manifestations of the infection tend to recur, and no specific treatment is available to prevent recurrence; there is an association between genital herpes infection and the development of cervical cancer; and infections of newborns acquired during passage

*The NDTI survey is a national, stratified, random sample of data from patient consultations with physicians in fee-for-service office-based practice in the United States (excluding Hawaii and Alaska). Included in the sample are all consultations between patients and sample physicians in an office, hospital, or nursing home, or in the form of a house call or telephone conversation. The survey procedure does not include a confirmation of the physician's diagnosis.

Genital Herpes—Continued

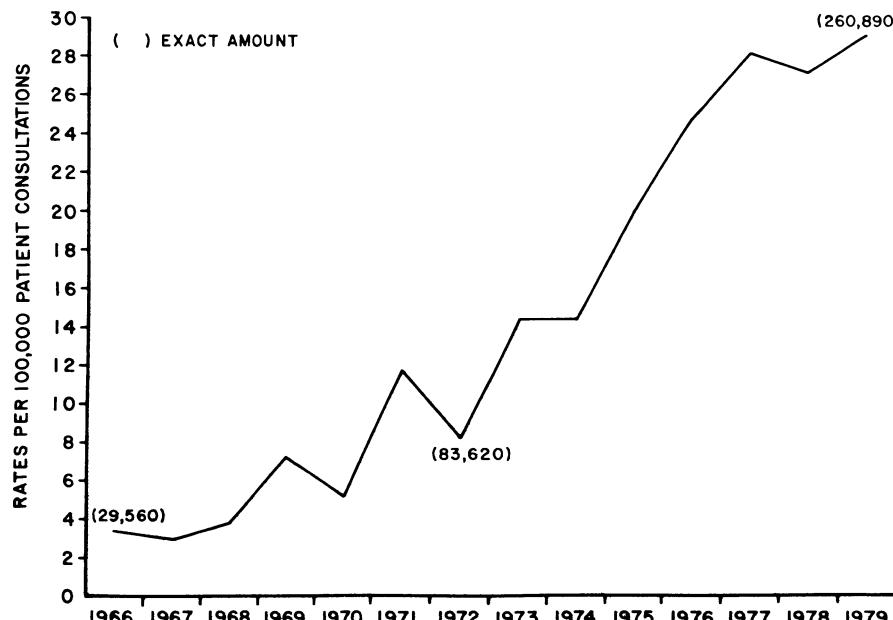
through the birth canal are often life threatening.

The total number of consultations for this infection in the United States cannot be estimated on the basis of NDTI data. Patients with genital herpes infection may seek care in public health care facilities and from other private ambulatory-care providers—hospital emergency rooms, prepaid practices, outpatient departments of community hospitals—which are not included in the survey. Therefore, the total number of health care consultations for genital herpes infection in the United States is unknown. However, the upward trend of cases diagnosed in private-physician practices supports the contention of an ongoing epidemic of genital herpes infection.

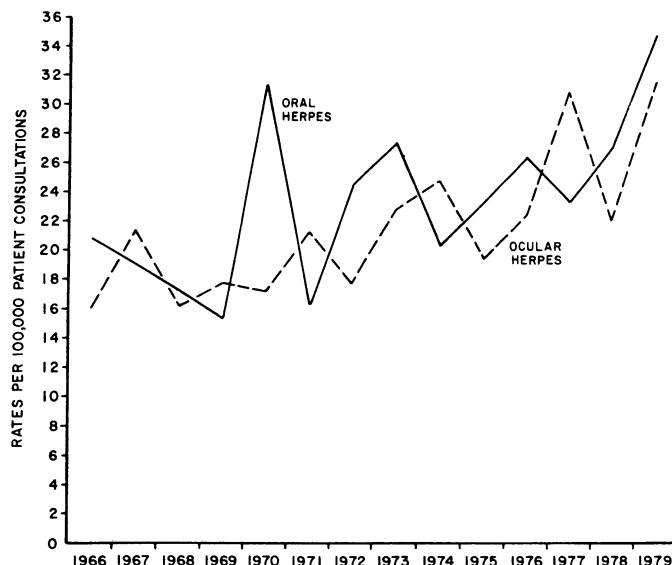
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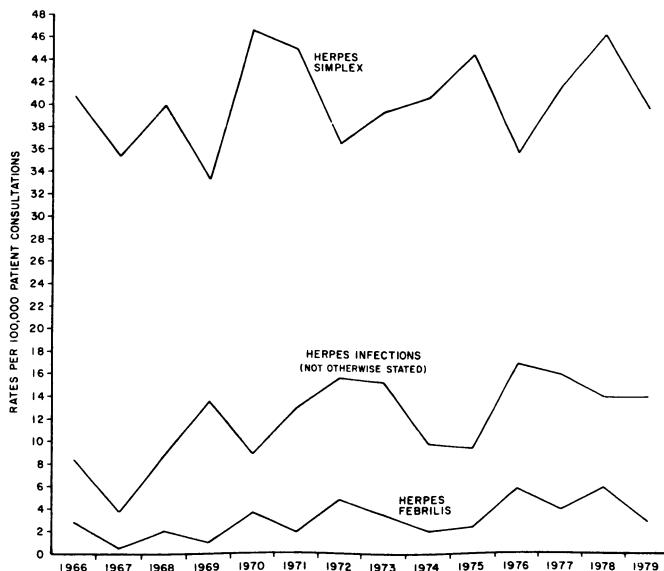
FIGURE 1. Estimated rates of patient consultations* with private physicians for genital herpes infection, United States, 1966-1979



*Data Source: IMS America, NDTI.

*Genital Herpes – Continued***FIGURE 2. Estimated rates of patient consultations* with private physicians for oral herpes infection and ocular herpes infection, United States, 1966-1979**

*Data Source: IMS America, NDTI.

FIGURE 3. Estimated rates of patient consultations* for herpes infection (site unspecified),† United States, 1966-1979

*Data Source: IMS America, NDTI.

†Herpes febrilis, herpes simplex and herpes "not otherwise stated."

Current Trends**Influenza Update — United States**

During the week ending March 19, 1982, 6 states reported their first influenza virus isolates of the season; in Iowa, Minnesota, Nebraska, and Virginia influenza B viruses were recovered in early March from children or young adults with sporadic illnesses, and in Pennsylvania and Washington influenza A(H1N1) viruses were isolated from a 3-year-old and from a 50-year-old in late February and early March, respectively. In Tucson, Arizona, where influenza B virus had caused some school outbreaks in January (1), a school outbreak caused by influenza A(H1N1) virus occurred in mid-March. During the 1981-1982 season, a total of 9 states have reported influenza A(H1N1) and influenza B virus isolates, 20 states have reported only influenza B virus isolates, and 3 states have reported only influenza A(H1N1) virus isolates. The overall level of influenza activity for the nation remains low compared with recent years.

Increased spread of influenza virus to previously unaffected communities, however, documented in recent weeks by virus isolation and morbidity reports, has now been accompanied by the first report of influenza-associated mortality in a nursing home outbreak. From the last week of February to the middle of March approximately 38 cases of influenza-like illness occurred among 116 elderly residents of a home in Cobb County, Georgia, with the peak of new

(Continued on page 145)

TABLE I. Summary — cases of specified notifiable diseases, United States

DISEASE	11th WEEK ENDING			CUMULATIVE, FIRST 11 WEEKS		
	March 20 1982	March 21 1981	MEDIAN 1977-1981	March 20 1982	March 21 1981	MEDIAN 1977-1981
Aseptic meningitis	75	70	50	810	696	529
Brucellosis	1	1	1	15	13	34
Encephalitis: Primary (arthropod-borne & unspec.)	10	22	11	140	154	126
Post-infectious	1	4	4	7	17	33
Gonorrhea: Civilian	16,481	18,119	18,119	194,130	204,352	200,529
Military	251	503	546	5,725	6,016	5,935
Hepatitis: Type A	435	485	585	4,729	5,198	5,776
Type B	405	413	335	3,897	3,821	3,253
Non A, Non B	41	N	N	357	N	N
Unspecified	193	232	191	1,938	2,224	2,134
Legionellosis	2	N	N	50	N	N
Leprosy	1	3	2	29	46	32
Malaria	16	18	17	144	261	102
Measles (rubella)	37	71	357	166	539	2,983
Meningococcal infections: Total	85	103	78	698	1,119	724
Civilian	85	103	76	694	1,117	717
Military	—	—	—	4	2	5
Mumps	196	135	364	1,221	1,168	3,908
Pertussis	20	23	23	203	212	222
Rubella(German measles)	56	58	278	653	524	2,327
Syphilis (Primary & Secondary): Civilian	690	652	493	6,972	6,468	5,136
Military	7	—	4	85	83	64
Tuberculosis	456	543	547	5,041	4,990	5,296
Tularemia	—	—	—	16	20	18
Typhoid fever	8	14	12	77	91	79
Typhus fever, tick-borne (RMSF)	1	1	1	17	12	12
Rabies, animal	108	192	82	960	1,227	643

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1982		CUM. 1982
Anthrax	—	Poliomyelitis: Total	1
Botulism(Calif. 1)	16	Paralytic	1
Cholera	1	Psittacosis (Mass. 1)	13
Congenital rubella syndrome	—	Rabies, human	—
Diphtheria	—	Tetanus	9
Leptospirosis(N.J. 1, Kans. 1)	12	Trichinosis (NYC 1, Mo. 1)	58
Plague	2	Typhus fever, flea-borne (endemic, murine)	3

N: Not notifiable

**TABLE III. Cases of specified notifiable diseases, United States, weeks ending
March 20, 1982 and March 21, 1981 (11th week)**

REPORTING AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSSIS	ENCEPHALITIS		GONORRHEA (Civilian)		HEPATITIS (Viral), by type				LEGIONEL- LOSIS	LEPROSY
	Primary		Post-in- fectious		CUM. 1982	CUM. 1982	1982	1982	1982	1982		
	1982		1982	CUM. 1982	1982	CUM. 1981	1982	1982	1982	1982	1982	CUM. 1982
UNITED STATES	75	15	140	7	194,130	204,352	435	405	41	193	2	29
NEW ENGLAND	-	-	7	3	4,491	5,115	13	19	2	10	-	1
Maine	-	-	-	-	216	253	4	3	-	1	-	-
N.H.	-	-	-	-	147	191	2	4	-	-	-	-
Vt.	-	-	-	-	98	81	-	1	-	-	-	-
Mass.	-	-	2	-	1,995	2,092	2	1	1	7	-	-
R.I.	-	-	-	-	345	241	1	1	-	-	-	-
Conn.	-	-	5	3	1,690	2,257	4	9	1	2	-	1
MID. ATLANTIC	3	-	19	1	23,948	23,498	68	67	2	21	-	1
Upstate N.Y.	1	-	9	-	3,808	3,632	16	15	-	7	-	-
N.Y. City	-	-	4	-	10,523	9,225	34	31	-	7	-	-
N.J.	1	-	3	-	4,106	4,981	18	21	2	7	-	-
Pa.	1	-	3	1	5,511	5,660	U	U	U	U	-	1
E.N. CENTRAL	3	-	29	1	24,089	33,107	42	30	4	11	1	-
Ohio	1	-	8	-	8,341	11,753	21	15	-	5	-	-
Ind.	-	-	10	1	3,163	2,691	3	7	3	5	1	-
III.	-	-	-	-	3,312	8,950	7	5	1	1	-	-
Mich.	2	-	9	-	6,712	6,945	9	2	-	-	-	-
Wis.	-	-	2	-	2,561	2,768	2	1	-	-	-	-
W.N. CENTRAL	3	2	8	-	9,042	9,586	16	9	2	3	-	-
Minn.	2	-	-	-	1,303	1,599	7	3	1	-	-	-
Iowa	-	1	3	-	1,048	973	1	1	-	1	-	-
Mo.	1	1	3	-	4,048	4,226	6	4	1	1	-	-
N. Dak.	-	-	-	-	113	121	--	-	-	-	-	-
S. Dak.	-	-	-	-	269	262	1	-	-	-	-	-
Nebr.	-	-	1	-	571	723	1	1	-	1	-	-
Kans.	-	-	1	-	1,690	1,682	-	-	-	-	-	-
S. ATLANTIC	18	5	18	1	50,319	50,783	41	99	8	24	-	-
Del.	-	-	-	-	778	831	1	-	-	-	-	-
Md.	3	-	9	-	6,741	5,392	1	16	1	2	-	-
D.C.	-	-	-	-	2,514	3,366	-	2	-	1	-	-
Va.	3	3	5	-	4,306	4,787	7	17	-	3	-	-
W. Va.	-	-	-	-	597	714	3	2	2	-	-	-
N.C.	1	-	1	-	8,354	8,337	4	6	-	-	-	-
S.C.	-	1	-	-	4,521	4,583	2	6	-	4	-	-
Ga.	2	-	-	-	8,331	9,740	8	31	2	3	-	-
Fla.	9	1	3	1	14,177	13,033	16	18	3	11	-	-
E.S. CENTRAL	13	2	8	-	16,287	16,834	20	22	2	-	-	-
Ky.	-	-	-	-	2,230	2,222	11	8	-	-	-	-
Tenn.	3	1	7	-	6,167	6,232	4	6	1	-	-	-
Ala.	9	1	1	-	4,847	5,458	2	4	1	-	-	-
Miss.	1	-	-	-	3,043	2,922	3	4	-	-	-	-
W.S. CENTRAL	9	3	11	-	28,019	28,644	90	33	3	74	1	-
Ark.	-	2	-	-	2,320	1,873	2	1	1	1	-	-
La.	1	-	1	-	4,877	4,375	14	2	1	6	-	-
Okla.	-	1	5	-	2,863	2,802	9	7	1	6	-	-
Tex.	8	-	5	-	17,959	19,594	67	22	-	61	-	-
MOUNTAIN	3	-	6	1	7,318	8,245	41	18	5	8	-	-
Mont.	-	-	-	-	318	308	-	-	-	-	-	-
Idaho	-	-	-	-	283	315	4	-	-	-	-	-
Wyo.	-	-	-	-	212	179	1	-	-	-	-	-
Colo.	1	-	1	1	1,952	2,166	14	8	-	-	-	-
N. Mex.	2	-	-	-	899	944	14	-	-	-	-	-
Ariz.	-	-	2	-	2,009	2,677	5	7	5	4	-	-
Utah	-	-	-	-	277	390	3	3	-	4	-	-
Nev.	-	-	3	-	1,368	1,266	-	-	-	-	-	-
PACIFIC	23	3	34	-	30,617	28,540	104	108	13	42	-	27
Wash.	3	-	2	-	2,571	2,666	22	13	3	2	-	2
Oreg.	-	-	-	-	1,733	2,212	9	7	-	2	-	-
Calif.	13	3	30	-	25,005	22,235	73	85	10	38	-	18
Alaska	1	-	2	-	776	784	-	-	-	-	-	-
Hawaii	6	-	-	-	532	643	-	3	-	-	-	7
Guam	0	-	-	-	5	37	U	U	U	U	-	-
P.R.	-	-	1	-	669	715	3	9	-	2	-	-
V.I.	-	-	-	-	51	7	-	-	-	-	-	-
Pac. Trust Terr.	U	-	-	-	36	108	U	U	U	U	-	1

Not notifiable

U: Unavailable

TABLE III (Cont'd.). Cases of specified notifiable diseases, United States, weeks ending March 20, 1982 and March 21, 1981 (11th week)

REPORTING AREA	MALARIA		MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS (Total)		MUMPS		PERTUSSIS		RUBELLA		
	1982	CUM. 1982	1982	CUM. 1982	CUM. 1981	1982	CUM. 1982	1982	CUM. 1982	1982	CUM. 1982	CUM. 1981		
UNITED STATES	16	144	37	166	539	85	698	196	1,221	20	56	653	524	
NEW ENGLAND	-	10	-	4	24	8	34	8	72	4	-	11	55	
Maine	-	-	-	-	1	-	2	2	20	-	-	31	31	
N.H.	-	1	-	-	3	-	7	-	9	-	-	9	18	
Vt.	-	-	-	2	1	2	3	1	4	-	-	-	-	
Mass.	-	6	-	-	15	4	6	4	25	2	-	2	3	
R.I.	-	1	-	-	-	1	4	-	7	2	-	-	-	
Conn.	-	2	-	2	4	1	12	1	8	-	-	-	3	
MID. ATLANTIC	-	11	3	27	180	11	104	11	80	1	5	28	61	
Upstate N.Y.	-	2	1	14	137	-	28	2	20	1	2	17	27	
N.Y. City	-	4	2	11	13	1	18	2	14	-	2	10	11	
N.J.	-	3	-	-	12	3	27	1	17	-	1	1	21	
Pa.	-	2	-	2	18	7	31	6	29	-	-	-	2	
E.N. CENTRAL	-	11	1	10	37	11	73	137	649	4	8	53	104	
Ohio	-	1	-	-	13	5	27	109	417	3	-	-	-	
Ind.	-	1	-	1	3	1	6	-	17	1	3	8	35	
III.	-	-	-	2	5	1	14	8	32	-	2	13	25	
Mich.	-	8	1	7	16	-	21	16	117	-	2	17	15	
Wis.	-	1	-	-	-	4	5	4	66	-	1	15	29	
W.N. CENTRAL	-	4	-	-	4	3	28	10	51	-	1	14	31	
Minn.	-	-	-	-	1	1	8	-	3	-	-	1	6	
Iowa	-	1	-	-	1	-	3	2	14	-	-	-	-	
Mo.	-	1	-	-	-	1	10	-	9	-	1	9	-	
N. Dak.	-	-	-	-	-	-	3	-	-	-	-	-	-	
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	1	-	
Nebr.	-	1	-	-	1	-	1	-	-	-	-	-	-	
Kans.	-	1	-	-	1	1	3	8	25	-	-	3	25	
S. ATLANTIC	3	26	1	16	155	18	154	10	113	3	1	18	49	
Del.	-	-	-	-	-	-	-	-	2	-	-	-	-	
Md.	-	5	-	1	1	-	6	-	7	-	-	4	-	
D.C.	-	3	-	1	1	-	-	-	-	-	-	-	-	
Va.	2	10	-	9	3	1	12	1	15	2	-	8	1	
W. Va.	-	-	-	1	6	1	5	5	57	-	-	1	12	
N.C.	-	-	-	-	-	1	26	-	4	-	-	-	2	
S.C.	-	2	-	-	-	2	19	2	5	-	-	1	4	
Ga.	-	2	-	-	57	6	45	-	2	1	-	1	14	
Fla.	1	4	1	4	87	7	41	2	21	-	1	3	16	
E.S. CENTRAL	-	-	-	4	-	3	45	1	17	1	-	8	12	
Ky.	-	-	-	1	-	-	2	-	7	-	-	8	8	
Tenn.	-	-	-	3	-	3	23	1	6	1	-	-	4	
Ala.	-	-	-	-	-	-	19	-	2	-	-	-	-	
Miss.	-	-	-	-	-	-	1	-	2	-	-	-	-	
W.S. CENTRAL	-	4	5	21	23	15	98	3	50	2	4	37	32	
Ark.	-	-	-	-	-	8	-	3	-	-	-	-	-	
La.	-	-	-	-	-	6	12	-	-	-	-	-	4	
Okla.	-	-	-	-	3	2	8	-	-	1	-	1	-	
Tex.	-	4	5	21	20	7	70	3	47	1	4	36	28	
MOUNTAIN	-	3	-	-	8	4	44	3	26	-	1	11	21	
Mont.	-	-	-	-	-	4	-	2	-	-	-	-	1	
Idaho	-	-	-	-	-	-	3	-	2	-	-	-	1	
Wyo.	-	-	-	-	-	2	4	-	1	-	1	4	1	
Colo.	-	2	-	-	-	2	18	2	5	-	-	1	14	
N. Mex.	-	-	-	-	-	-	7	-	-	-	-	-	-	
Ariz.	-	1	-	-	1	-	4	-	8	-	-	1	1	
Utah	-	-	-	-	-	-	1	1	6	-	-	3	2	
Nev.	-	-	-	-	7	-	3	-	2	-	-	1	1	
PACIFIC	13	75	27	84	108	12	118	13	163	5	36	473	159	
Wash.	1	6	-	14	1	1	12	5	28	1	1	14	29	
Oreg.	-	2	-	-	-	2	23	-	-	-	2	-	20	
Calif.	12	66	27	69	107	9	77	8	131	4	35	455	110	
Alaska	-	-	-	-	-	-	4	-	3	-	-	1	-	
Hawaii	-	1	-	1	-	-	2	-	1	-	-	1	-	
Guam	U	-	U	-	3	U	-	U	1	U	U	1	-	
P.R.	1	2	3	32	54	-	2	2	12	-	-	2	-	
V.I.	-	-	-	-	3	-	-	-	-	-	-	-	-	
Pac. Trust Terr.	U	-	U	-	-	U	-	U	-	U	U	-	1	

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending March 20, 1982 and March 21, 1981 (11th week)

REPORTING AREA	SYPHILIS (Civilian) (Primary & Secondary)		TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		RABIES, Animal
	CUM. 1982	CUM. 1981	1982	CUM. 1982	CUM. 1982	1982	CUM. 1982	1982	CUM. 1982	CUM. 1982
UNITED STATES	6,972	6,468	456	5,041	16	8	77	1	17	960
NEW ENGLAND	135	151	11	136	-	2	9	-	-	5
Maine	-	1	2	10	-	-	-	-	-	5
N.H.	-	7	-	6	-	-	-	-	-	-
Vt.	-	3	-	5	-	-	2	-	-	-
Mass.	98	87	5	85	-	2	6	-	-	-
R.I.	8	10	-	16	-	-	-	-	-	-
Conn.	29	43	4	14	-	-	1	-	-	-
MID. ATLANTIC	951	987	108	856	1	-	5	-	-	10
Upstate N.Y.	82	88	18	153	1	-	1	-	-	6
N.Y. City	606	618	38	313	-	-	4	-	-	-
N.J.	107	116	26	166	-	-	-	-	-	1
Pa.	156	165	26	224	-	-	-	-	-	3
E.N. CENTRAL	254	431	45	787	-	-	5	-	-	103
Ohio	78	69	6	143	-	-	2	-	-	14
Ind.	46	27	1	106	-	-	-	-	-	14
Ill.	41	236	31	311	-	-	1	-	-	33
Mich.	63	76	-	178	-	-	2	-	-	-
Wis.	26	23	7	49	-	-	-	-	-	42
W.N. CENTRAL	134	120	13	144	5	1	3	-	-	256
Minn.	23	41	6	29	-	-	-	-	-	55
Iowa	3	5	-	22	-	-	1	-	-	84
Mo.	82	63	2	55	4	-	1	-	1	28
N. Dak.	3	1	-	2	-	-	-	-	-	32
S. Dak.	-	-	-	3	-	-	-	-	-	12
Nebr.	3	3	1	5	-	-	-	-	-	22
Kans.	20	7	4	28	1	1	1	-	-	23
S. ATLANTIC	1,956	1,656	103	1,041	5	2	11	1	11	161
Del.	3	3	2	11	-	-	-	-	-	-
Md.	116	126	8	138	1	-	3	-	7	9
D.C.	129	152	1	39	-	-	-	-	-	-
Va.	138	156	8	94	1	-	2	-	-	83
W. Va.	6	3	6	28	-	-	2	-	-	7
N.C.	165	115	18	171	-	-	-	-	3	-
S.C.	102	117	16	95	3	2	2	1	1	11
Ga.	424	429	20	171	-	-	-	-	-	42
Fla.	873	555	24	294	-	-	2	-	-	9
E.S. CENTRAL	545	439	62	445	1	-	7	-	3	105
Ky.	29	19	9	111	-	-	-	-	-	18
Tenn.	140	169	24	161	1	-	2	-	-	69
Ala.	185	126	19	140	-	-	5	-	3	18
Miss.	191	125	10	33	-	-	-	-	-	-
W.S. CENTRAL	1,812	1,548	42	480	2	-	3	-	1	162
Ark.	46	28	9	47	1	-	-	-	-	23
La.	394	316	1	90	-	-	-	-	-	4
Oklahoma	32	35	9	87	1	-	2	-	-	43
Tex.	1,340	1,169	23	256	-	-	1	-	1	92
MOUNTAIN	207	160	11	131	1	1	4	-	-	13
Mont.	1	7	-	11	-	-	-	-	-	7
Idaho	14	2	-	6	-	-	-	-	-	-
Wyo.	9	2	-	3	-	-	-	-	-	1
Colo.	68	51	2	17	-	-	-	-	-	-
N. Mex.	34	37	2	23	-	-	-	-	-	2
Ariz.	41	33	6	50	-	1	3	-	-	3
Utah	5	3	1	6	1	-	1	-	-	-
Nev.	35	25	-	15	-	-	-	-	-	-
PACIFIC	978	976	61	1,021	1	2	30	-	1	145
Wash.	24	35	3	61	1	-	-	-	-	-
Oreg.	34	21	2	39	-	-	1	-	-	-
Calif.	890	894	47	852	-	2	28	-	1	107
Alaska	6	4	-	13	-	-	-	-	-	38
Hawaii	24	22	9	56	-	-	1	-	-	-
Guam	-	-	0	2	-	0	-	0	-	-
P.R.	138	152	-	30	-	-	-	-	-	8
V.I.	-	-	-	1	-	-	-	-	-	-
Pac. Trust Terr.	-	-	0	19	-	0	-	0	-	-

U: Unavailable

**TABLE IV. Deaths in 121 U.S. cities,* week ending
March 20, 1982 (11th week)**

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

****Pneumonia and influenza**

[†]Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

^{††}Total includes unknown ages.

Influenza — Continued

cases occurring on March 10. Six influenza B viruses have been isolated thus far from specimens collected on March 12 from 11 residents and 1 staff member. During the period of the outbreak, 6 patients with influenza-like illness died. Investigations of vaccine efficacy in this nursing home and in a nursing home in Missouri (2) are in progress.

Reported by Y Wong, PhD, WJ Hausler, PhD, L Wintermeyer, MD, State Epidemiologist, Iowa State Dept Health; R Siem, PhD, AD Dean, MD, State Epidemiologist, Minnesota State Dept of Health; J Blosser, P Stoesz, MD, State Epidemiologist, Nebraska State Dept of Health; J Sarandria, Allegheny County Health Dept Laboratory, Pittsburgh, EJ Witte, DVM, State Epidemiologist, Pennsylvania State Dept of Health; S Mills, J Allard, PhD, State Epidemiologist, Washington State Dept of Social and Health Svcs; H Krebs, RN, Cobb County Health Dept, M Johnson, RN, T Munro, MS, J Buehler, MD, RK Sikes, DVM, State Epidemiologist, Georgia Dept of Human Resources; R Worrell, RN, P Noland, MD, Pima County Health Dept, L Minnich, MS, G Ray, MD, University Hospital, Tucson, J Sacks, MD, Acting State Epidemiologist, Arizona Dept of Health Svcs; FG Hayden, MD, University of Virginia Medical Center, GB Miller, Jr, MD, State Epidemiologist, Virginia State Dept of Health; Influenza Br, Center for Infectious Diseases, CDC.

References

1. CDC. Influenza update—United States. MMWR 1982;31:41.
2. CDC. Influenza update—United States. MMWR 1982;31:131.

International Notes**Quarantine Measures**

The following changes should be made in the "Supplement-Health Information for International Travel," MMWR 1981:30. *Situation as of January 1, 1982.*

ANTIGUA

Change to ANTIGUA AND BARBUDA on pages 10 and 17, Insert Barbuda, page 17, on page 99.

BARBADOS

Yellow Fever - Change code to III > 1 yr. Insert: A certificate is required ALSO from travelers arriving from:

Africa: Angola; Benin; Burundi; Cameroon, United Republic of; Central African Republic; Chad; Congo; Djibouti; Equatorial Guinea; Ethiopia; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Ivory Coast; Kenya; Liberia; Mali; Niger; Nigeria; Rwanda; Sao Tome and Principe; Senegal; Sierra Leone; Somalia; Sudan; Tanzania, United Republic of; Togo; Uganda; Upper Volta; Zaire.

Americas: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Peru, Surinam, Venezuela.

ALSO change code to III* on page 10.

BRAZIL

Yellow Fever - After code II delete > 1 yr. Insert >6 mo. Insert: Brazil recommends vaccination for travel to rural areas in Acre, Amazonas, Goias, Maranhao, Mato Grosso, Mato Grosso do Sul, and Para States, and Territories of Amapa, Rondonia, and Roraima. ALSO insert * after code on page 10.

Poliomyelitis - the dosage of vaccine must be clearly indicated on the certificate.

BURMA

Yellow Fever - Change code to III. ALSO change code to III on page 11.

CHAD

Smallpox - Insert: Instead of vaccination, travelers should ask their physician for a written statement that vaccination is contraindicated for health reasons. ALSO insert * after code on page 11.

Quarantine Measures – Continued**DEMOCRATIC KAMPUCHEA**

Smallpox - Insert: The Government of Democratic Kampuchea has advised that a certificate is no longer required. Local authorities, however, may require a certificate. Insert: Instead of vaccination, travelers should ask their physician for a written statement that vaccination is contraindicated for health reasons. ALSO insert * after code on page 11.

EGYPT

Yellow Fever - Caribbean - after Trinidad insert: and Tobago.

ETHIOPIA

Yellow Fever - After code insert > 1 yr.

Fiji

Cholera - Delete all information. ALSO delete code on page 12.

GUATEMALA

Delete: No vaccinations are required. Insert: Yellow Fever - III > 1 yr. ALSO insert code III on page 12.

INDIA

Yellow Fever - Americas: Delete Canal Zone.

IRAN

Cholera - Delete all information. ALSO delete all information on page 12.

Yellow Fever - Insert: A certificate is required ALSO from travelers arriving from countries in the endemic zones (see pp. 67-68). ALSO insert * after code on page 12.

JAMAICA

Yellow Fever - Change code to III > 1 yr. ALSO change code to III on page 13.

MALAWI

Cholera - Delete all information. ALSO delete code on page 13.

MALDIVES

Cholera - Change code to III. ALSO change code to III on page 13.

INSERT: NIUE

Yellow Fever - II > 1 yr. ALSO insert Niue and code II under yellow fever on page 14. Under areas with risk of malaria insert: None. On page 14 under malaria risk insert: None. ALSO insert "NIUE" on page 46, and insert "NIUE, page 46" on page 100.

PAKISTAN

Yellow Fever - Change code to III > 6 mo. Delete: (irrespective of age). Insert: A certificate is not required of infants < 6 months of age if the mother's certificate shows she was vaccinated prior to the birth of the child. ALSO change code to III on page 14.

PANAMA

Insert: No vaccinations are required.

PAPUA NEW GUINEA

Yellow Fever - Insert > 1 yr. after code.

PARAGUAY

Cholera - Delete all information. ALSO delete code on page 14.

SAINT VINCENT

Change to **SAINT VINCENT AND THE GRENADINES**. ALSO change to **SAINT VINCENT AND THE GRENADINES** on page 15. ALSO insert "Grenadines" on page 49, and insert "Grenadines, page 49" on page 99.

THAILAND

Yellow Fever - Delete note. ALSO delete * on page 15.

UNITED ARAB EMIRATES

Cholera - Delete all information. ALSO delete code on page 16.

*Quarantine Measures — Continued***VIET NAM***Cholera - Delete all information. ALSO delete code on page 16.*Epidemiologic Notes and Reports**Measles, United States — Weeks 5-8, 1982**

In the 4-week period January 31-February 27, 1982 (reporting weeks 5-8), 45 cases of measles were reported to CDC—an average of fewer than 12 cases per week. This total is 76.7% below the 193 cases reported in the same period in 1981, the previous record low. Only 26 (0.8%) of the nation's 3,144 counties reported measles to CDC in this period (Figure 4).

Of the 45 measles cases, 2 were imported, 1 each from El Salvador and England. Both imported cases were reported from California. No secondary cases related to these importations have been reported.

Reported by Immunization Div, Center for Prevention Svcs, CDC.

Editorial Note: The 45 measles cases reported in this 4-week period represent a > 99.9% reduction from the 48,510 cases reported in the same period in 1962, the year preceding measles-vaccine licensure. During this period in 1982, 99.2% of the nation's counties reported no measles, suggesting that measles transmission has been interrupted in these areas.

FIGURE 4. States and counties reporting measles, weeks 5-8, January 31-February 27, 1982



*5 from Upstate New York and 1 from New York City.

The Morbidity and Mortality Weekly Report, circulation 106,000, is published by the Centers for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts on interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Attn: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.

Send mailing list additions, deletions and address changes to: Attn: Distribution Services, Management Analysis and Services Office, 1-SB-419, Centers for Disease Control, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

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